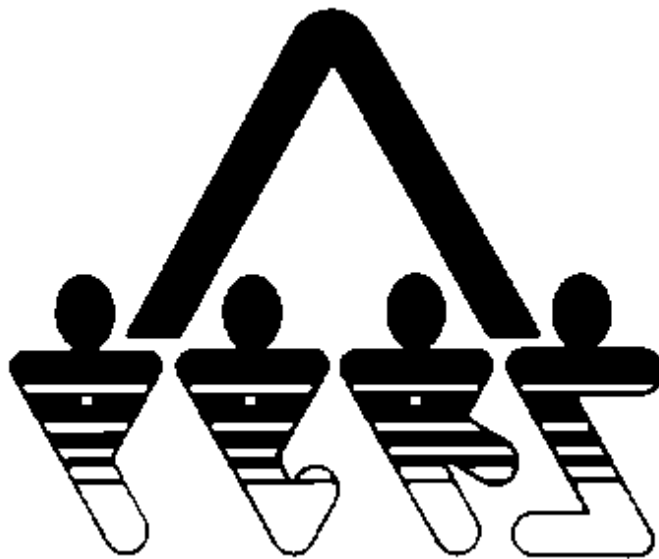


***NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM
DEFERRED COMPENSATION PLAN***



PROVIDER REPRESENTATIVE HANDBOOK

REVISED NOVEMBER 2005

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Thank you for your interest in the North Dakota Public Employees Deferred Compensation Plan. In order for you to act as a deferred compensation provider representative and be included on the list of provider representatives distributed by the NDPERS office to eligible employees, you must satisfy the following requirements:

- 1) You must be an authorized representative of one of the following provider companies:
 - American Trust Centers
 - Bank of ND
 - AXA Equitable
 - Chase Insurance
 - Hartford Life
 - Jackson National Life
 - NDPERS Companion Plan
 - Nationwide
 - Sunset Life
 - Symetra Life
 - Valic
 - Waqddell & Reed Financial Services
- 2) You must be licensed with the North Dakota State Securities Commissioner for the sale of registered or unregistered securities or the North Dakota State Insurance Commissioner for the sale of insurance contracts or policies or both.
- 3) You must be fully trained to explain various investment options available through the provider, and be able to explain provisions of the deferred compensation program as is found under Section 457 of the Internal Revenue Code.
- 4) You must comply with the provisions of North Dakota Administrative Code 71-04-06. (Provided in the back of this booklet)

As an authorized provider representative, you will be expected to complete all necessary paperwork accurately. To assist you with this responsibility, this handbook includes sample forms and instructions for completion of the forms. Incomplete or incorrect paperwork may be returned, resulting in a delay of deferrals. **Forms must be submitted to NDPERS no later than the 15th of the month after the election is made.**

If you have any questions about completing any of the forms after you have read the instructions in this book, please contact the NDPERS office. This publication is also available on our web site at www.nd.gov/ndpers. As provided in the standard provider agreement, it is assumed you will receive information and education about Section 457 regulations from the provider company you represent and attend the training sessions required by the NDPERS Board.

Thank you for your interest in the North Dakota Public Employees Deferred Compensation Plan. We look forward to working with you.

Sincerely,

Kathy M. Allen
Authorized Agent
North Dakota Deferred Compensation Plan

NDPERS FORMS

NDPERS often gets calls from provider representatives who are not sure what paperwork should be filled out. The forms index provided on the following page will provide you with a quick reference about which NDPERS form to use. Please note that the necessary NDPERS paperwork must be completed and submitted to the NDPERS office in addition to any paperwork required by a provider company. **You must contact the Provider Company you are representing for information on which forms are required in addition to NDPERS forms.**

Always submit all original NDPERS forms to the NDPERS office. Copies will be distributed after the forms have been signed by the NDPERS authorized agent.

PROVIDER COMPANY FORMS

Please make an appointment if you need to meet with an authorized agent of the deferred compensation program to ensure a representative is available to serve you.

When submitting provider company paperwork for the authorized agent's signature, be sure to indicate exactly where the authorized agent's signature is required and include instructions as to where the forms are to be returned. If they are to be mailed, please attach a self-addressed return envelope. **If no instructions are provided, the forms will be returned to the home office address listed in this book.**

FORMS INDEX

Please note that the necessary NDPERS paperwork must be completed and submitted in addition to any paperwork required by a provider company. The following indicates the appropriate form to be used for various situations. Most forms are available on the NDPERS website at www.nd.gov/ndpers.

Event

Begin participation in the deferred compensation program.

Suspend deductions in the deferred compensation program.

Increase/decrease deductions in the deferred compensation program.

Transfer deferred compensation funds to another provider in the NDPERS deferred compensation program.

Trustee to trustee rollover of funds from an eligible 401(a), 401(k), 401(c) Keogh, 403(b), FERS, IRA or 457 plan.

Participate in the regular 3-year "Catch-Up Provision".

Apply to NDPERS Board for a Financial Hardship Distribution.

Apply for Deminimus Distribution.

Make up missed contributions for USERRA Covered Military Active Duty.

Divorce.

Form

Participant Agreement
SFN 3803

Participant Agreement
SFN 3803

Participant Agreement
SFN 3803

Rollover/Transfer to 457
Def.Comp Plan
SFN 50177

Rollover/Transfer to 457
Def.Comp Plan
SFN 50177

Catch-Up
Worksheet/Certification
SFN 51501

Financial Hardship
Application
SFN 16662

Request for Deminimus
Distribution
SFN 52051

Participant Agreement
SFN 3803

QDRO Model

PARTICIPANT AGREEMENT FOR SALARY REDUCTION SFN 3803 (07-2004)

This form is used for all of the following:

1. Enrolling a New Participant
2. Increasing Deductions
3. Decreasing Deductions
4. Address Changes
5. Name Changes
6. Suspending Deductions
7. Change in Provider Companies
8. Age 50+ Catch Up
9. Regular 3-Year Catch Up
10. Change in Agent
11. Change in Participating Employers
12. USERRA Missed Contributions

SECTION 1

Provide all information as requested.

SECTION 2

Name of provider company must be entered under name of company along with the name and telephone number of the agent in the event there is a question on the application.

SECTION 3

Check all boxes that apply. For box #7, be sure the participant completes an agreement form to suspend deductions to the old company and completes a separate agreement form to set up deductions under the new company.

SECTION 4

This section must be completed if boxes 1, 2, 7, 8, 9 or 12 in Section 3 are checked.

- A) Enter the amount of estimated gross pay for the year. It is important not to overestimate this amount. It is recommended a participant use their most recent pay stub to provide information requested in this section.
- B) Enter employer retirement contributions made under IRC 414(h), if applicable. If the participant is unsure of this, it may be determined by looking at their W-2 form. W-2 earnings that are reduced by retirement contributions are indicative of a 414(h) arrangement.
- C) Subtract line B from Line A.

**Participant Agreement for Salary Reduction
SFN 3803 (07/04)**

- D) Multiply line C times 1.00 and enter the answer here. If this amount exceeds the limit, enter the limit. The following schedule applies to the maximum deferral limit:

<u>Year</u>	<u>Limit*</u>
2006	\$15,000

*After 2006, the limit will be indexed for inflation in \$500 increments.

E) **AGE 50 OR OLDER CATCH-UP**

Participants who attain age 50 or older are allowed to contribute an additional amount into the Plan. A participant is considered age 50 on January 1 of the year age 50 is attained. The amount of the contribution is in addition to the annual applicable limit. If box #7 in Section 3 is checked, enter the additional catch-up amount subject to the following schedule:

<u>Year</u>	<u>Limit*</u>
2006	\$5,000

*After 2006 the limit will be indexed for inflation in \$500 increments.

This additional catch-up cannot be used during the three years before normal retirement if the regular three-year catch-up is in effect.

- F) Total D & E.
- G) Divide line F by the number of pay periods in a year. This is the recommended monthly deferral amount per pay period. Participants may defer more than this amount provided the total annual deferral times the deduction amount does not exceed the annual maximum amount on line D.

Participant Agreement for Salary Reduction
SFN 3803 (07/04)

Section 5

This section must be completed if boxes 1, 2, 3, 6, 7, 8, 9 or 12 in Section 3 are checked. Provide the total amount to be deferred per pay period and the pay period date the deduction is to start. **Authorization for deductions must be signed and dated in the month prior to the pay period in which the income is earned.** It is also necessary for the participant to read and initial each statement in this section. Incomplete information in this area of the form may result in the form being returned and a consequent delay in implementing the deduction. Please note that a specific amount must be entered. **Do not enter a percentage of pay.**

Section 6

Participant must sign and date the form in the month prior to the pay period in which income is earned.

Section 7

The signed form must be sent to the NDPERS office. Subject to the proper completion, an authorized agent of the NDPERS Deferred Compensation Plan will sign and date the form. You will be mailed a copy, a copy will be forwarded to the participant's payroll office, the participant will also receive a copy, and the original will be kept on file at NDPERS.



NORTH DAKOTA SECTION 457 DEFERRED COMPENSATION PLAN
PARTICIPANT AGREEMENT FOR SALARY REDUCTION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 3803 (Rev. 07/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

SECTION 1 – PARTICIPANT INFORMATION

Name (Last, First, MI)		Date of Birth
Address (City, State, Zip Code)		Social Security Number
Department/Agency	Department Number	Day Time Telephone Number

SECTION 2 – PROVIDER INFORMATION

Name of Company	
Agent Name	Telephone Number

SECTION 3- CHECK ALL THAT APPLY

<input type="checkbox"/> 1. New Application	<input type="checkbox"/> 8. Age 50 or older: Annual Catch-up
<input type="checkbox"/> 2. Increase Deduction	<input type="checkbox"/> 9. Regular 3 Year Catch-up
<input type="checkbox"/> 3. Decrease Deduction	<input type="checkbox"/> 10. Change in Agent only (Complete Section 1, 2 and 6)
<input type="checkbox"/> 4. Address Change (Complete Section 1, 2 & 6)	<input type="checkbox"/> 11. Change Employer: From: _____ To: _____
<input type="checkbox"/> 5. Name Change (Complete Section 1, 2 & 6)	<input type="checkbox"/> 12. USERRA Missed Contributions
<input type="checkbox"/> 6. Suspend Deduction (Includes going from full-time to part-time)	
<input type="checkbox"/> 7. Provider Change YOU MUST complete 2 Participant Agreement forms; one for the new provider, ✓ 'New Application' and one to stop contributions to old provider, ✓ 'Suspend Deduction'.	

SECTION 4 – CALCULATION OF MAXIMUM ALLOWABLE DEDUCTION

Must be completed if you checked 1, 2, 7, 8, 9 or 12 in Section 3.

A. Annual Gross Pay	\$ _____
B. Less Employer Retirement Contributions made under a IRC 414(h) arrangement : (use most recent pay stub)	\$ _____
C. Includable Compensation (subtract B from A)	\$ _____
D. Maximum Annual Allowable Deduction: The lesser of: D 1. 100% of Includable Compensation, or D 2. Schedule A on Back	
Enter the lesser of D 1 or D 2, but not less than the Minimum annual deduction: \$300.00 (\$25.00) per month.	\$ _____
E. Age 50 + catch-up (See Schedule B on back)	\$ _____
F. Total D + E	\$ _____
G. Pay Period Deduction. (F divided by number of pay periods in calendar year)	\$ _____

SECTION 5 - SALARY REDUCTION AUTHORIZATION.

Must be completed if you checked 1, 2, 3, 6, 7, 8, 9 or 12 in Section 3.

Authorization for deductions must be made in the month prior to the pay period in which the income is earned.

I authorize my employer to reduce my salary in the amount of \$ _____ for the pay period beginning on _____. (The signature date in Section 6 must be in the month prior to the pay period date entered here.) (month, day, year)

With regard to this agreement, the Participant acknowledges the following (read and initial each statement):

_____ I understand that my salary will be reduced each pay period by the amount authorized above. The deduction can not be changed or stopped without an authorized participant agreement form returned to payroll from PERS.

_____ I understand the accumulated deferred salary is credited to my account and is not available to me or my beneficiary(ies) until I separate from service, unless, I should experience an unforeseeable emergency and a distribution is approved by the NDPERS Board. .

_____ I acknowledge that the Retirement Board makes no recommendation as to any provider and understand that the Retirement Board does not warrant or guarantee the investment performance of any provider.

_____ I understand that all compensation deferred under the Plan, and all earnings accruing thereof, shall be held for the exclusive benefit of myself or my Beneficiary, until such time as it is made available to me pursuant to the terms of the Plan.

_____ I understand that this agreement includes the beneficiary forms as executed with and maintained by my provider.

SECTION 6 – PARTICIPANT AUTHORIZATION

I verify that the foregoing statements are true and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentations and fraud.

Participant Authorization

Date

(This date must be in the month prior to the date entered in Section 5.)

SECTION 7 – NDPERS AUTHORIZATION

Approved for the Retirement Board by:	
_____ Authorized Agent, North Dakota Deferred Compensation Plan	_____ Date

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

SCHEDULE A

<u>Year</u>	<u>Limit*</u>
2002	\$11,000
2003	\$12,000
2004	\$13,000
2005	\$14,000
2006	\$15,000

*After 2006, the limit will be indexed for inflation in \$500 increments.

SCHEDULE B

AGE 50 OR OLDER CATCH-UP

Participants who attain age 50 or older are allowed to contribute an additional amount into the plan. The amount of the contribution is in addition to the annual applicable limit. If box # 7 in Section 3 is checked; enter the additional catch-up amount subject to the following schedule:

<u>Year</u>	<u>Limit*</u>
2002	\$1,000
2003	\$2,000
2004	\$3,000
2005	\$4,000
2006	\$5,000

*After 2006 the limit will be indexed for inflation in \$500 increments.

This additional catch-up cannot be used during the three years before normal retirement if the regular three-year catch-up is in effect.

ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN SFN 50177 (08/05)

(For provider to provider transfers or plan to plan transfers.)

NDPERS can accept a trustee-to-trustee rollover/transfer to the NDPERS 457 Deferred Compensation Plan of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code including 401(k) plans, 403(b) plans, 457(b) plans, the Federal Employees Retirement System (FERS), and traditional IRA's. For a rollover/transfer payment to be accepted by NDPERS, SFN 50177 must be completed and returned for authorization by NDPERS.

This form may also be used to transfer funds between approved providers for the state deferred compensation plan.

Section 1

Enter requested participant data.

Section 2

Enter all information regarding the account to be transferred. Be sure customer has considered any possible charges or fees associated with transferring the funds.

Enter all required information regarding the company the funds will be transferred to, including the home office address and telephone number.

Make the check payable to the new provider company and mail it directly to the new company. **Do not request that the check be made out to the State.**

After a participant has signed and dated the request, the form must be forwarded to NDPERS for an authorized signature.

Section 3

After the NDPERS authorized agent has signed the request, the original copy will be sent to the provider who holds the funds to be transferred. NDPERS will retain a copy and send a copy to the participant and to the new provider representative.

Pursuant to the administrative agreement held with each provider company, transfer of funds must take place within 30 days from the receipt of notification.

Please note that a request for transfer will not automatically stop deductions to the original provider company. A Participant Agreement, SFN 3803, must be completed to cease contributions or begin contributions to a new company.

Section 4

IF AN INDIVIDUAL IS TRANSFERRING 457 FUNDS FROM ANOTHER EMPLOYER PLAN INTO THE NDPERS 457 PROGRAM, the plan administrator must sign and date this section certifying that the funds are from another 457 plan..



ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50177 (Rev. 08/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

The North Dakota Public Employees Deferred Compensation Plan is an eligible plan under Section 457(b) of the Internal Revenue Code. NDPERS may accept an eligible rollover transfer of **pre-tax dollars** from another qualified retirement plan. An eligible retirement plan includes a 401(a) plan, a 401(k) plan, a 403(b) plan, a 457(b) plan, a traditional IRA, or the Federal Employees Retirement System (FERS) Thrift Savings Plan.

PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.

SECTION 1 PARTICIPANT INFORMATION

Member's Name (Last, First, Mi)		Social Security Number	Agency Name
Address	City	State	Zip Code
Department/Agency		Department Number	Daytime Telephone Number

SECTION 2 ROLLOVER/TRANSFER INSTRUCTIONS

Name and Address of Qualified Plan or Custodian of Eligible IRA _____ _____ _____	Verify Account Type: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(c) Keogh <input type="checkbox"/> 403(b) <input type="checkbox"/> FERS <input type="checkbox"/> Traditional IRA <input type="checkbox"/> NDPERS 457 <input type="checkbox"/> Other 457 Account Number: _____	
Please transfer my account as indicated below: <input type="checkbox"/> Full Value <input type="checkbox"/> _____ % <input type="checkbox"/> \$ _____	FBO (Participant's Name)	Agent's Name (New Agent)
Make Check Payable To (Company Name)	Home Office Address	Telephone Number

SECTION 3 PARTICIPANT'S AUTHORIZATION

Signature of Member (Required)	Date of Signature	Daytime Telephone Number
--------------------------------	-------------------	--------------------------

SECTION 4 TO BE COMPLETED BY NDPERS

In compliance with Section II – I. of the Provider Administrative Agreement, and federal Internal Revenue Code Section 457(e)(16), the NDPERS Retirement Board requests a direct transfer of funds to the company indicated in Section 2. This company is an eligible provider under the State of North Dakota Deferred Compensation Plan and agrees to accept the funds being transferred and to serve as the new custodian for this account. The North Dakota Administrative Code stipulates that a request for transfer must be made within 30 days of the receipt of the request for rollover transfer.

Authorized Agent, North Dakota Deferred Compensation Plan (Required)	Date of Signature
--	-------------------

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50177 (Rev. 08/05)

Page 2

INFORMATION ON REQUESTING A ROLLOVER/TRANSFER FROM OTHER ELIGIBLE PLANS OR IRA'S

NDPERS can accept a trustee-to-trustee rollover/transfer to the NDPERS 457 Deferred Compensation Plan of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code including 401(a), 401(k), 403(b), 457(b), and FERS plans. This also includes traditional IRA's. For a rollover/transfer payment to be accepted by NDPERS, the following conditions must be met:

- Rollovers/Transfers must comply fully with the Internal Revenue Code and applicable Internal Revenue Service regulations.
- SFN 50177 must be completed and returned to NDPERS to process it as an eligible rollover/transfer. If your funds are coming from more than one provider company/plan, then a photocopy of this form should be made for each financial institution. The member will indicate in Section 2 the amount they are requesting each specific institution to rollover/transfer.
- You must have an established account with a PERS 457 Deferred Compensation Plan Provider Company by completing an enrollment document with the Provider.
- NDPERS will forward this form to the plan administrator currently holding the funds. The rollover/transfer check from the eligible plan or IRA must be sent to the Company specified in Section 2.
- **If you wish to suspend or change the amount of your contribution to current Provider company, YOU MUST also complete SFN 3803 Participant Agreement for Salary Reduction Authorization.**
- Rollover/transfers cannot be withdrawn unless you terminate employment and are off the payroll of all NDPERS covered employers for a period of one month.

**MEMBERS MAY WISH TO CONTACT A TAX ADVISOR FOR
DETAILED INFORMATION ABOUT ELIGIBLE ROLLOVER DISTRIBUTIONS/TRANSFERS.
RETAIN A COPY FOR YOUR RECORDS IF NEEDED.**

DISTRIBUTIONS

Participants of a 457 plan are allowed to take distribution of their accounts under the following circumstances:

- 1) Upon separation of employment.
- 2) Approved financial hardship.
- 3) Application for Deminimus Distribution is approved.

Separation of Employment

Distribution can begin immediately or it can be deferred to a later date. NDPERS will send a notice to the participant acknowledging termination and send a copy to the agent/provider company. The participant will be instructed to contact their provider representative to make arrangements for distribution of the account.

Financial Hardship Application - SFN 16662 (11/97)

According to IRC 457, a financial hardship is defined as an unforeseeable emergency resulting from a sudden and unexpected illness or accident occurring to the participant or one of participant's dependents, loss of participant's property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond participant's control.

In the event your client is in a situation where you feel it is necessary to apply for an unforeseeable emergency distribution, it will be necessary for you to contact the NDPERS office to obtain an application. Application materials must be submitted to the NDPERS office a minimum of ten days prior to a regularly scheduled NDPERS board meeting. Generally, required documentation includes:

- a) Complete details of unforeseeable nature of emergency
- b) Listing of income, assets and liabilities
- c) Supporting documentation
- d) Signature of participant on the application
- e) Listing of other efforts to relieve emergency

The completed application and supporting documentation will be considered by the NDPERS Board to determine whether the request meets IRC requirements for a hardship distribution.

Examples of past applications which did not meet the IRS' definition for an eligible hardship distribution in the past include but are not limited to the following:

- the need to send a child to college
- purchase of a home
- divorce of a participant
- birth of a child
- over-extension of credit
- gambling debt

In addition to filing an application for a hardship distribution, it is also necessary for a participant to

cancel deferrals into the program. Subject to approval of the request, the participant must not resume deferrals for at least six months from the date of the approved distribution.

Request for Deminimus Distribution – SFN 52051 (07/03)

Participants that have not separated from service may apply for a deminimus distribution of their account if: the total value of their deferred compensation assets (including all providers) is less than \$5,000, if the participant has not made any deferrals to the plan in the preceding twenty-four months, and if the participant has not previously received a distribution from the plan, not including a distribution as a result of an approved financial hardship.

Section A

The participant must complete this section in its entirety. Participant's signature should also be provided on the bold black line.

Section B

You, as the provider representative, must complete requested information in this section. You must sign below the box where "Agent Name" is requested.

Participants must complete a request form for each provider company they have an account with at the time.

Section C

The signed form must be sent to the NDPERS office. Subject to proper completion, an authorized agent of the NDPERS Deferred Compensation Plan will sign and date the form. Upon approval, the original will be sent to the designated provider company for processing. NDPERS will retain a copy and send a copy to the provider representative for their records.



REQUEST FOR DEMINIMUS DISTRIBUTION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 52051 (Rev. 08/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

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(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

PART A MEMBER INFORMATION

Name (Last, First, Mi)

Social Security Number

Address

Daytime Phone Number

City

State

Zip Code + 4

Date

My provider Company is:

I hereby request a lump sum distribution of my deferred compensation account without separating from service and acknowledge that I meet the following criteria:

- a) The total value of deferred assets in the program is less than \$5,000;**
- b) I have not contributed to the plan in the preceding two years; and**
- c) I have not previously received a distribution from the plan.**

Participant Signature

Date

PART B PROVIDER COMPANY AGENT (THIS SECTION TO BE COMPLETED BY YOUR PROVIDER COMPANY AGENT)

This certifies the above participant's deferred compensation aggregate account balance is: \$ _____.

Date

Provider Company

Agent Signature

PART C NDPERS AUTHORIZATION

Approved for the Retirement Board by:

Authorized Agent, North Dakota Deferred Compensation Plan

Date

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

CATCH-UP PROVISION SFN 51501 (10/02)

Certain participants may be eligible to utilize the “catch-up” provision of the plan. Eligibility criteria for the catch-up provision include:

- Participant must have been eligible for the state’s deferred compensation program, but did not defer the maximum amount allowed in each calendar year of eligibility.
- Participant is within three calendar years of attaining eligibility for an unreduced retirement benefit which is either age 65 or meeting the Rule of 85.
- Participant has not previously utilized the “catch-up provision” at any other time for any other plan.
- Participant is not utilizing the age 50 or older catch-up option.

The maximum catch-up deferral is the lessor of \$15,000 or as much of the maximum deferral established that has not been used for calendar years beginning after December 31, 1978 through calendar year 2001. Beginning in 2002, the maximum that can be deferred is the lessor of twice the otherwise applicable limit or as much of the maximum deferral that has not been used for calendar years beginning after December 31, 2001 based on the following schedule:

<u>Year</u>	<u>Maximum Deferral</u>
2002	\$22,000
2003	\$24,000
2004	\$26,000
2005	\$28,000
2006	\$30,000

The catch-up provision may be utilized for up to three consecutive years, but must not be used in the year the participant retires. Prior to implementing this provision, the participant must submit the Catch-Up Worksheet Certification to the NDPERS office and receive written approval from the authorized agent.

Section 1

Complete all information requested. In addition, the participant must declare their “normal retirement age” by specifying the month and year they plan to retire. Age at retirement must fall within the range of ages for normal retirement. Provide “pick-up” information only if applicable. See “C” below for explanation.

Catch Up Provision
SFN 51501 (10/02)

Section 2

- A. Beginning with Tax Year 1979, identify the tax year(s) the participant was employed by their current employer but did not contribute the maximum amount participant was eligible to defer.
- B. Gross earnings may be determined from participant's W-2 Form issued by an eligible employer. Only wages paid as an employee of an eligible employer may be considered when determining gross earnings for purposes of the catch-up provision.
- C. If the employer participates in Employer Pick-up (makes contributions to employees' retirement plan with pre-tax dollars) the percentage of pick-up should be placed in column "C" for all years starting with the pick-up year as shown on the worksheet.
- D. Only for years Employer Pick-up applies, multiply the pick-up percentage (column "C") as shown on the worksheet by the column "B" (gross annual salary), and enter the result in column "D".
- E. The Adjusted Gross Annual Salary is determined by subtracting column "D" from column "B" and entering the result in column "E".
- F. Determine the Annual Maximum Deferral according to the following schedule:

<u>Year(s)</u>	<u>Lessor of</u>
1979-1997	25% or \$ 7,500
1998-2000	25% or \$ 8,000
2001	25% or \$ 8,500
2002	100% or \$11,000
2003	100% or \$12,000
2004	100% or \$13,000
2005	100% or \$14,000
2006	100% or \$15,000

- G. Enter any actual amounts deferred for each tax year. This can be determined from a payroll stub or periodic statements issued by the investment firms.
- H. Subtract column "G" from column "F" for each year to determine the under-utilized amount the participant is eligible to catch up.
- I. Add the amounts in column "H".

NOTE: If more space is needed to reflect under-utilization in the plan, use additional forms to provide the necessary information.



CATCH-UP WORKSHEET/CERTIFICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 51501 (10/2002)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657

(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

SECTION 1

Name (Last, First, Mi)		Social Security Number
Plan's Inception Date: January 1, 1979	Pick-up %: (if applicable)	Pick-up Year: (if applicable)
Normal Retirement Date (Month/Year):	Date of Birth	Day Time Phone Number

SECTION 2 (To be completed by employee)

A. Tax Year	B. Gross Annual Salary	C. Employer Pick-up%	D. Employer Pick-up Amount $B \times C = D$	E. Adjusted Gross Annual Salary $B - D = E$	F. Annual Maximum Deferral	G. Actual Annual Deferral	H. Under- Utilized Amounts $F - G = H$

I. Total Under-Utilized Amount: \$ _____

SECTION 3 (To be completed by NDPERS)

J. Catch Up Year	K. # of Pay Periods	L. Pay Period (Catch Up)	M. Pay Period (Normal Deferral)	N. Total Pay Period Deferral ***

Total of Column K: _____

*** KxN may not exceed the annual maximum allowable deferral for each catch-up year based on the schedule on the back of this form.

I certify under penalty of perjury that these facts are true and correct. I understand that it is my responsibility to ensure conformance with all requirements of the Catch Up Provision.

Signature

Date of Signature

WORKSHEET / CERTIFICATION INSTRUCTIONS

SECTION 1 -

Complete all information requested. In addition, you must establish your "normal retirement age" by specifying the month and year you plan to retire. Your age at retirement must fall within the range of ages for normal retirement. Provide "pick-up" information only if applicable. See "C" below for explanation.

SECTION 2 -

- A. Beginning with Tax Year 1979, identify the tax year(s) you were employed by your current employer but did not contribute the maximum amount you were eligible to defer after the Plan's inception date.
- B. Your gross earnings may be determined from your W-2 Form issued by your employer. Only wages paid to you as an employee may be considered when determining your gross earnings for purposes of the catch-up provision.
- C. If your employer participates in Employer Pick-up (makes contributions to employees' retirement plan with pre-tax dollars) the percentage of pick-up should be placed in column "C" for all years starting with the pick-up year as shown on the worksheet
- D. Only for years Employer Pick-up applies, multiply the pick-up percentage (column "C") as shown on the worksheet by the column "B" (gross annual salary), and enter the result in column "D".
- E. The Adjusted Gross Annual Salary is determined by subtracting column "D" from Column "B" and entering the result in column "E".
- F. For each tax year reported, determine your adjusted gross annual salary not to exceed the annual limit given in the schedule below:

<u>Adjusted Gross Salary Schedule</u>			<u>Annual Maximum Allowable Deferral</u>	
1979 – 1997	25%	Not to exceed \$ 7,500		
1998	25%	Not to exceed \$ 8,000		
1999 – 2001	25%	Not to exceed \$ 8,500		
2002	100%	Not to exceed \$11,000		
2003	100%	Not to exceed \$12,000	2003	\$24,000
2004	100%	Not to exceed \$13,000	2004	\$26,000
2005	100%	Not to exceed \$14,000	2005	\$28,000
2006	100%	Not to exceed \$15,000	2006	\$30,000

- G. Enter any actual amounts deferred for each tax year. This can be determined from your payroll stub or periodic statements issued to you by the investment firms. Do not include I.R.A. contributions.
- H. Subtract column "G" from column "F" for each year to determine the under-utilized amount you are eligible to catch up.
- I. Add the amounts in column "H".

NOTE: if more space is needed to reflect under-utilization in the plan, use additional forms to provide the necessary information.

SCHEDULE OF PAYROLLS BY EMPLOYER

(CURRENT AS OF November 30, 2005)

This information is needed to complete Section 5 of the Participant Agreement form (SFN 3803). Any employers joining the program after this date will not be reflected here until this booklet is revised. If you desire payroll information for a specific employer, you may obtain that information by contacting the employer directly or contacting NDPERS.

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
Adams County	A01	Patricia Carroll (701) 567-4363	Monthly	25 th day of each month	pcarroll@state.nd.us
Bank of ND	471	Crystal Deringer (701) 328-5728	Bi-Monthly	15 th & 2 nd to last working day	cderinger@nodak02.state.nd.us
Barnes County	A02	Linda Anderson (701) 845-8500	Monthly	15 th of each month	Landerson@co.barnes.nd.us
Belcourt School District	B31	Cynthia Gourneau (701) 477-6471	Bi-Weekly	Fridays	Cindy.Gourneau@sendit.nodak.edu
Billings County	A04	Peggy Braunberger (701) 623-4876	Monthly	Tuesday on or before 27th of each month	DEPAUD@MIDSTATE.NET
Bismarck Park District			Bi-Weekly		
Board of Accountancy	900	Jim Abbott (701) 775-7100	Semi-Monthly	15 th & last day of each month	ndsba@state.nd.us
Board of Cosmetology	427	Sue Meier (701) 224-9800	Semi-Monthly	14 th & 31 st day	cosmo@gcentral.com
Board of Medical Examiners	901	Rolf Sletten (701) 328-6500	Monthly	Last day of each month	bomex@tic.bisman.com
Board of Nursing	261	Julie Schwan (701) 328-9779	Monthly	Last working day of each month	jschwann@ndbon.org
Board of Pharmacy	902	Howard Anderson (701) 328-9535	Monthly	Last day of month	ndboph@btinet.net
Bond Bank	472	Deann Ament (701) 328-3980	Semi-Monthly	15 th & last business day	dament@state.nd.us
Bottineau County	A05	Lisa Herbel (701) 228-2225	Monthly	3 rd to the last working day	lherbel@state.nd.us
Bowman County	A06	Linda Martin (701) 523-3130	Monthly	20 th of each month	lcmartin@state.nd.us
Bowman Slope Soil Conservation District	D69	Kay Anderson (701) 523-3871 Ext 3	Monthly	Last working day of each month	Kay.Anderson@ndusda.gov

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
BSC (Bismarck State College)	227	Linda Fossum (701) 224-5461	Monthly	Last working day of each month	Linda.Fossum@bsc.nodak.edu
Burke County	A07	Jeanine Jensen (701) 377-2861	Monthly		jsjensen@state.nd.us
Burleigh County Council on Aging	D35	Ellen Owen (701) 255-4648	Semi-Monthly	15 th & last working day	BCSAP@BINET.NET
Burleigh County Housing Authority	D10	Dwight Barden (701) 255-2540	Bi-Weekly		bchacct@btinet.net
Cavalier County	A10	Dawn Roppel (701) 256-2229	Monthly	26 th of each month	droppel@state.nd.us
Cavalier County Health District	990	Lanetta Johnson (701) 256-2402	Monthly	26 th of each month	lmjohnso@state.nd.us
Cavalier County Job Development	D27	Carol Goodman (701) 256-3475	Semi-Monthly	15 th & last working day	cgoodman@state.nd.us
Central Payroll	110	Sheryl Fines (701) 328-4783	Monthly	1 st working day; or 6 th working day	sfines@state.nd.us
Central Valley Health Unit	997	Mary Keidel (701) 252-8130	Bi-Weekly	Every Other Friday-Dates Listed on Agreement	mkeidel@csicable.net
City County Health District	992	Rebecca Kratz (701) 845-8518	Monthly	15 th of month	bkratz@co.barnes.nd.us
City of Belfield	C47	Doug Kessel (701) 575-4235	Bi-Weekly	Every other Wednesday	belfieldauditor@hotmail.com
City of Bismarck	CA3	Charles Klein (701) 222-6401	Semi-Monthly	15 th & last working day	chklein@state.nd.us
City of Bowman	C04	Judy Pond (701) 523-3309	Semi-Monthly	15 th & 31 st of the month	bowmanauditor@ndsupernet.com
City of Carrington	C06	Vicky Triplett (701) 652-2911 Ext 3	Bi-Weekly	Every other Friday	vttrip@daktel.com
City of Ellendale	C60	James Eberle (701) 349-3252	Monthly	1 st of each month	ellendal@drtel.net
City of Glenburn	C36	Donna Zeltinger (701) 362-7544	Semi-Monthly	1 st & 15 th of each month	city@ndak.net
City of Grafton	C20	Wanda Ensruide (701) 352-1561	Bi-Weekly	Every other Wednesday	wensrude@graftongov.com
City of Harvey	C46	Kim Moen (701) 324-2000	Bi-Weekly	Every other Monday	kim@harveynd.com

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
City of Kenmare	C01	Mary Brekhus (701) 385-4232	Monthly	1 st of each month	cityofkenmare@restel.net
City of LaMoure	C42	Marcie Simpson (701) 883-5957	Semi-Monthly	1st & 15 th of month	lamoure@drtel.net
City of Mandan	C91	Karen Nagel (701) 667-3217	Bi-Weekly	Deductions from 1 st & 2 nd payrolls	knagel@cityofmandan.com
City of Medora	C35	Sherri Ross (701) 623-4828	Semi-Monthly	1 st & 16 th of month	mauditor@midstate.net
City of Minot	C73	Mindy Neuhalfe (701) 857-4775	Bi-Weekly	26 times per year; every other Friday	neuhalfe@web.ci.minot.nd.us
City of Minto	C16	Tamara Ulland (701) 248-3060	Monthly	Last working day of month	tulland@uslink.net
City of Mohall	C99	Barbara Armstrong (701) 756-6464	Semi-Monthly	15 th & last day of the month	cityhall@ndak.net
City of New Leipzig	C50	Dorothy Mutschelknaus (701) 584-2006	Monthly	First Monday of the month	
City of New Rockford	C87	George Ritzke (701) 947-2461	Monthly	Last working day of month.	cityofnr@stellarnet.com
City of Northwood	C75	Marcy Douglas (701) 587-5370	Semi-Monthly	1 st and 15 th of each month	norcity@polarcomm.com
City of Oakes	C48	Beth Day (701) 742-2137	Bi-Weekly	Every Other Monday	cityofoakes@oakesonline.com
City of Park River	C08	Tom Larson (701) 284-6150	Semi-Monthly	15 th & last day of month	prcity@polarcomm.com
City of Rolla	C44	Mary Nordmark (701) 477-3610	Semi-Monthly	Every Other Friday	nordmark@utma.com
City of Rugby	C37	Karla Harmel (701) 776-6181	Monthly	Last day of month	cityofrugby@gondtc.com
City of Tioga	C59	Donald Zacharias (701) 664-2807	Semi-Monthly	15 th & 30 th of month	citytio@nccray.com
City of Towner	C78	Patricia McCombs (701) 537-5834	Monthly	26 th of each month	cotowner@ndak.net
City of Underwood	C79	Diane Schell (701) 442-5481	Semi-Monthly	15 th & last day of month	ctyunder@westriv.com

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
City of Velva	C90	Carol Bickler	Semi-Monthly	15 th & 30 th last day of month	
City of Watford City	C07	Patricia Skoglund (701) 842-2533	Semi-Monthly	15 th & last day of month	tskoglund@4eyes.net
City of Wilton	C51	Norma Hochhalter (701) 734-6707	Semi-Monthly	Two employees are paid on 15 & 30 th of month. One employee is paid on 30 th of month.	wiltonnd@bektel.com
Custer District Health Unit	903	Linda Miller (701) 667-3370	Monthly	1 st day of following month	lmmiller@state.nd.us
Dairy Promotion Commission	603	Louise Gallagher (612) 488-0261			lgallagher@midwestdairy.com
Dickey County	A11	Heidi Bollinger (701) 349-3249	Semi-Monthly	10 th & 25 th of each month	
DSU (Dickinson State University)	239	Vicky Haaland (701) 483-2328	Monthly	Last day of each month	victoria.haaland@dsu.nodak.edu
Dunn County	A13	Jacqueline Brovold (701) 573-4448	Monthly	26 th of each month	jbrovold@state.nd.us
Eddy County	A14	Darlene Haugen (701) 947-2434	Monthly	25 th of each month	dyhaugen@state.nd.us
Education Standards & Practice Board	202	Diane Weber (701) 328-3146	Monthly	1 st working day of following month	diweber@state.nd.us
Electrical Board	909	Paula Glass (701) 328-9522	Monthly	Last day of month	pglass@state.nd.us
First District Health Unit	905	Linda Scott (701) 852-1376	Semi-Monthly	15 th & last day of month	llscott@ndak.net
Foster County	A16	Roger Schlotman (701) 652-2441	Monthly	Last working day of month	rschlotm@state.nd.us
Garrison Diversion Cons Dist	912	Marlene Smith (701) 652-3194	Monthly	General Fund-Last day of month Operation & Maintenance-Biweekly on the last Friday of the following pay period	msmith@daktel.com
Glenburn Public School	B18	Cathy Langehaug (701) 362-7426	Semi-Monthly	Every other Friday	cathy.langehaug@sendit.nodak.edu

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
Grafton Park District	D19	Kelly Desautel (701) 352-1842	Semi-Monthly	15 th & last day of month	kdgpr@polarcomm.com
Grant County	A19	Audrey Diehl (701) 622-3275	Monthly	25 th of each month	adiehl@state.nd.us
Griggs County	A20	Cynthia Anton (701) 797-3117	Monthly	20 th of each month	cindy.anton@griggsnd.com
Harvey Public School	B12	Karen Olson (701) 324-2265	Semi-Monthly	15 th & last day of month	Karen.Olson.1@sendit.nodak.edu
Housing Finance Agency	473	Anita Hoffman (701) 328-8076	Bi-Monthly	15 th & 31 st of month	ahoffman@ndhfa.org
Kenmare Public Schools	BB2	Renae Murphy (701) 385-4996	Monthly	Last working day of month	renae.murphy@sendit.nodak.edu
Killdeer Public School	B17	Linda Cooksey (701) 764-5877	Semi-Monthly	5 th & 20 th of each month	lcooksey@sendit.nodak.edu
Lake Region District Health Unit	910	Roberta Fischer (701) 662-7035	Monthly	Last working day of month	rkfische@state.nd.us
Lewis & Clark Public School District	BB6	Lorna Hansen (701) 453-3484	Semi-Monthly	15 th & 30 th of month	lorna.hansen@sendit.nodak.edu
Lisbon Public School District #19	B29	Lori Lyons (701) 683-4106	Monthly	30 th of each month	lori.lyons@sendit.nodak.edu
Manvel Public School	B78	Catherine Hatt (701) 696-2212	Semi-Monthly	15 th & last day of month	cathy.hatt@sendit.nodak.edu
Mayville State University	240	Karen Amundson (701) 786-4756	Monthly	Last working day of each month	karen_amundson@mail.masu.nodak.edu
McClusky Public School	B32	Cindy Miller (701) 363-2470	Semi-Monthly	1 st & 3 rd Friday of each month	Cindy.Miller.1@sendit.nodak.edu
McHenry County	A25	Darlene Carpenter (701) 537-5724	Monthly	First working day of each month	dkoble@state.nd.us
McLean County	A28	Lori Ann Foss (701) 462-8541	Monthly	Last work day of month	mcleanco@westriv.com
Morton County	A30	Paul Trauger (701) 667-3300	Monthly	27 th of every month	ptrauger@state.nd.us
Morton County Water Resource District	D52	Mike Kemnitz	Monthly	Last day of each month	MWWS@btinet.net

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
NDSCS (North Dakota State College of Science)	238	Ann McGray (701) 671-2790	Monthly	Last day of each month	Ann.Mcgray@ndscs.nodak.edu
NDSU (North Dakota State University)	235	Lyn Pletta (701) 231-8965	Monthly	Last day of each month	Lyn_Pletta@ndsu.nodak.edu
ND Real Estate Commission	906	Patricia Jergenson (701) 328-9749	Monthly	Last working day of each month	pjergenson@state.nd.us
Napoleon Public School Dist. #2	B97	Susan Sorgatz (701) 754-2244	Monthly	20 th of each month	sorgatz@sendit.nodak.edu
North Central Correctional & Rehabilitation Center		Elaine Little			
Pembina County	A34	Dorothy Robinson (701) 265-4231	Monthly	25 th of each month	drobinso@state.nd.us
Pierce County	A35	Karin Fursather (701) 776-5225	Monthly	25 th of each month	kfursath@state.nd.us
Plumbing Board	428	Laurie Nelson (701) 328-9979	Monthly	Last working day of each month	lanelson@state.nd.us
Ramsey County Housing Authority	D66	Glenda Deplazes (701) 662-3099	Semi-Monthly	15 th & last working day of month	rchagd@goNDTC.com
Ransom County	A37	Connie Gilbert (701) 683-5823	Monthly	3 rd Tuesday of each month	cgilbert@state.nd.us
Renville County	A38	LeAnn Fisher (701) 756-6301	Monthly	Last working day Of each month	lfisher@state.nd.us
Richland County Area Vo-Tech	D24	Janel Sayler (701) 642-8701	Monthly	Last working day Of each month	janel.sayler@sendit.nodak.edu
Richland Soil Conservation District	D16	Becky Myhra (701) 642-5997 Ext 3	Semi-Monthly	Every other Monday	Becky.Myhra@nd.usda.gov
S W District Health Unit	907	Carlotta Ehlis (701) 483-0171	Monthly	Last working day Of each month	cehlis@dickinson.ctctel.com
Roughrider Industries	520	Linda Trolliey (701) 328-6162	Monthly	1 st working day of month	ltrollie@state.nd.us
Sargent District Health	996	Sherry Hosford (701) 724-6241	Monthly	4 th Wednesday of each month	shosford@state.nd.us
Sheridan County	A42	Shirley Murray (701) 363-2205	Monthly	2 nd to last working day	smurray@state.nd.us

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
Sioux County	A43	Barb Hettich (701) 854-3481	Monthly	15 th of each month	bhettich@state.nd.us
Southwest Water Authority	D11	Mary Massad (701) 225-0241	Monthly	1 st working day of month	mmassad@swwater.com
Stanley Community Public School Dist #2	BB0	Barbara Reese (701) 628-3811	Monthly		barb.reese@sendit.nodak.edu
Stark County	A45	Kay Haag (701) 264-7630	Monthly	25 th of each month	khaag@state.nd.us
State Bar Board	426	Donna Fair (701) 328-2221	Monthly	Last working day Of each month	dfair@ndcourts.com
Steele County	A46	Linda Leadbetter (701) 524-2110	Monthly	25 th of each month	lleadbet@state.nd.us
Stutsman County	A47	Norma Kaiser (701) 252-9035	Monthly	25 th of each month	ljolson@state.nd.us
Surrey Schools	B05	Twila Gantzer (701) 838-3282	Bi-Weekly & Semi-Monthly	Hourly Staff pd bi-weekly. Admin Staff pd semi-monthly.	Twila.Gantzer@sendit.nodak.edu
Tioga Public School	B84	Arlene Grubb (701) 664-2333	Semi-Monthly	10 th & 25 th of each month	arlene.grubb@sendit.nodak.edu
Traill County	A49	Rebecca Braaten (701) 636-4458	Monthly	26 th of each month	rbraaten@state.nd.us
Traill County Health District	998	Brenda Stallman (701) 436-4434	Monthly	26 th of each month	bstallma@state.nd.us
Turtle Lake Mercer School District	B58	Sharon Hanson (701) 448-2365	Semi-Monthly	15 th & last working day	sharohan@sendit.nodak.edu
UND (University of North Dakota)	230	Katie Douthit (701) 777-2157	Bi-Monthly	15 th & last working day	Katie.douthit@mail.und.nodak.edu
UND Lake Region	228	Joanne Kitchens (701) 662-1504	Monthly	Last working day	joanne.kitchens@lrsc.nodak.edu
United Public School District No. 7	B74	Jodi Askvig (701) 725-4334	Semi-Monthly	15 th & 31st	Jody.Askvig@sendit.nodak.edu
Upper Missouri District Health Unit	908	Joseph Meyer (701) 577-3763	Monthly	5 th working day of following month	jmeyer@state.nd.us
Valley City State University	242	Joan Noeske (701) 845-7233	Monthly	Last working day of each month	joan_noeske@mail.vcsu.nodak.edu

Department Name	Department Number	Payroll Contact Phone	Payroll Frequency	Payroll Day	Email Address
Walsh County	A50	Kris Andrews (701) 352-2851	Monthly	2 nd to last working day	kkandrew@state.nd.us
Walsh County Health Department	D65	Pam Welter (701) 352-5139	Monthly	2 nd to last working day	p.welter@state.nd.us
Walsh County Housing	D47	Shelley Popiel (701) 352-3260	Monthly	24th of each month	wcha@polarcomm.com
Ward County	A51	Pam Anderson (701) 857-6419	Semi-Monthly	15 th & last working day	paman@www.co.ward.nd.us
West & Central Stark Soil Cons.	D64	Bonnie Twogood (701) 225-3811 Ext 3	Bi-Weekly	Every other Friday	bonnie.twogood@nd.usda.gov
White Shield School District	B53	Ramona Dickens (701) 743-4359	Bi-Weekly	Every other Friday	rsdickens@hotmail.com
Williams County	A53	Beth Innis (701) 572-1700	Semi-Monthly	15 th & last working day	bethi@co.williams.nd.us
Williston State College	229	Barb Slagle (701) 774-4204	Semi-Monthly	15 th & last working day	Barb.slagle@wsc.nodak.edu
Yellowstone School District #14	B92	Debbie Leibach (701) 844-5649	Monthly	2 nd Wednesday of each month	YSD@midrivers.com